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John W. Hickenlooper, Governor Larry Wolk, MD, MSPH **Executive Director and Chief Medical Officer**

Dedicated to protecting and improving the health and environment of the people of Colorado

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Health Improvement Team (HIT)

Monthly HIT Call September 19, 2013

Location: Conference Call

Colorado Department of Public Health and Environment

4300 Cherry Creek Drive South, Denver, CO 80246

In Attendance: **Emily Kinsella WWC Unit Manager**

> Jennifer Walsh **WWC Nurse Consultant** Kris McCracken **WWC Program Coordinator** Ivy Hontz **WWC Program Coordinator** Lynda Saignaphone **WWC Program Assistant**

Christen Lara **Health Informatics**

Supervisor

Introduction and Attendance - Emily Kinsella

Emily Kinsella welcomed everyone and did roll call.

New eCaST, Status Update - Christen Lara

Christen Lara provided an update on the latest changes to the eCaST application.

- September Bill Run: CDPHE staff are currently working on completing the September bill run (completed on Friday, September 20, 2013). A copy of the grant activity statement was faxed to WWC coordinators on Monday, September 23, 2013 for distribution to agency staff as needed.
- Screening and Procedure errors: All eCaST users should now be able to see their screening and procedure errors in eCaST. Even though these errors are present, if you fix an error the change will not immediately appear in the system. Christen Lara and Amanda Howard will be doing a broad sweep of the system (in the morning and at noon) each day to updated corrected errors until these errors are tied to updating individual screenings.

 System overall slowness: Many users have provided feedback about the overall slowness of the eCaST system, especially in the afternoon. IT staff made updates to the servers which house eCaST and as of Thursday, September 19, this should now be resolved. Please let Amanda Howard know if you continue to see the system function extremely slowly as this should now be resolved.

In addition to providing an update on latest changes in eCaST, Christen Lara also provided an update on eCaST features that are currently not working. She also noted that Amanda Howard will go into depth to explain workarounds during next week's eCaST User Group (recorded and available online as well).

- Reports: Reports are currently unavailable in eCaST. Agency grant activity statements will be
 faxed to WWC coordinators until they are available within the eCaST application. If you need
 additional copies of the September bill run or statements prior to September, please contact
 your WWC program coordinator (either Kris McCracken or Ivy Hontz).
- Short Term Follow-Up cases: Short term follow up cases can be entered into eCaST; however, data entry may be very confusing. Christen Lara encouraged all data entry staff to join next week's eCaST User Group to learn how to complete data entry for short term follow-up cases.
- Duplicate clients: When eCaST was released, three separate screening programs (WWC and two colorectal cancer screening programs) were merged into one system. As a result, a client served by two programs separately now appear in the client search menu twice. For now, Christen advised that agencies should identify the WWC client (either through prior WWC enrollments listed or old eCaST ID) and add new data to that client's record. Eventually data for duplicate clients will be merged.

Christen Lara informed all agencies that the primary developer assigned to the eCaST application is leaving the health department and gave little notice. Unfortunately this means that correcting issues in the data system will take longer than was originally anticipated.

Contract Monitoring Requirement and New eCaST – Emily Kinsella

Emily Kinsella informed agencies about about flexibility on contract monitoring and program requirements due to the delays in data entry that agencies have experienced because of new eCaST. *Data entry timeliness:*

 Data entry timeliness will not be rated in the first performance period due to technical difficulties agencies are experiencing

Spending:

- Bill run will be done on 9/21
- WWC will not rate agencies on spending on the first performance period
- Agencies will likely be behind on spending due to new eCaST
- WWC may check in with agencies to see if assistance is needed, but changes to funding will not be made at this time.

New eCaST Christen Lara

Christen Lara informed callers that the September eCaST user's group webinar will be about the

technical details on new eCaST. Christen Lara also noted that the new eCaST staff is starting next week.

The eCaST User's group meeting will talk about how to resolve error messages on new eCaST.

Cervical Cancer Screening Services for Women with Hysterectomies and New eCaST

UPDATE added 10/7/2013: There was discussion of WWC's implementation of payment for cervical services for clients with a hysterectomy not due to cervical cancer. After discussing this issue further, this policy was changed. WWC has decided to begin covering pelvic exams again for all women, regardless of hysterectomy status. This also helps us to maintain our commitment to yearly access to care for all WWC eligible women.

ECaST is in the process of being changed so that pelvic exams will be covered again for all women. The change should be completed by the October bill run. For the time-being, please enter these cases into eCaST and ignore any errors eCaST may give you. Thanks for being patient with all the recent changes WWC has implemented and, as always, thank you for the services you provide to WWC clients.

WWC encourages you to take the opportunity to refresh yourself again with both the breast and cervical cancer screening guidelines posted on our website.

WWC staff members have noticed in eCaST that several of agencies are requesting payment for cervical services for women who have a total hysterectomy for benign reasons. Please remember that women who have had a total hysterectomy and who have no history of cervical dysplasia or cervical cancer are ineligible for cervical cancer screening services through WWC. This is because if the cervix has been removed there is no risk for developing cervical cancer or precancer in a woman with no history of cervical dysplasia or cervical cancer. Please review the following excerpt which can be found on page two of the Cervical Cancer Screening Guidelines:

Screening Women Who Have Had a Hysterectomy:

- 1. WWC will cover Pap testing alone every 3 years for women who have had a hysterectomy for treatment of CIN 2/3, or who have a history of CIN 2/3 prior to having a hysterectomy.
- 2. WWC will cover annual Pap testing for women with a hysterectomy for cervical cancer.
- 3. Women who have had a hysterectomy (with complete removal of the cervix) for benign reasons and who have no history of CIN 2 or worse are not eligible for WWC cervical cancer screening services.

WWC staff members are also aware that it can be difficult to get a thorough or accurate history from some patients. If a woman informs you that she has a history of abnormal Paps but is unable to give you more specific information you may use your clinical discretion, judgment and medical history-taking skills to decide whether or not you feel she may have had a history of high-grade dysplasia. As long as you check "History CIN II/III, cervical dysplasia, cervical cancer" in the medical history section of eCaST, cervical cancer screening services will be covered regardless of the reason for the hysterectomy.

WWC encourages you to take the opportunity to refresh yourself again with both the breast and cervical cancer screening guidelines posted on our website.

Q&A/Final Roll Call – Ivy Hontz

WWC staff answered questions from agencies on the phone

Ivy Hontz took a final roll call. If your agency was able to attend the live call and is making up attendance by reviewing these notes, please email your agency's program coordinator (Kris McCracken or Ivy Hontz) to let them know you have reviewed the minutes.